THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 197. } PHILADELPHIA, JULY 28, 1860. { NEW SERIES VOL. IV. NO. 17.

ORIGINAL DEPARTMENT.

Communications.

Two Cases of Purpura.

By J. T. Calhoun, M. D.,

Of Rahway, N. J.

Purpura is by no means a common disease, and the two cases reported below were, as far as my limited reading and the experience of my professional friends go, quite anomalous in their character. Neither of the cases occurred in my practice; yet in one of them I had the misfortune to be the patient, and it was therefore of considerable, yet painful, interest to me.

On the 22d of February last, while in the apparent enjoyment of perfect health, I noticed a painful spot at about the centre of the gastrocnemius muscle of my right leg. I first noticed it during the morning, but thought nothing of it at first. By evening, the pain had so increased, that I could walk but with difficulty. I called the attention of my friend, Dr. Lewis Drake, to it, asking its nature. He deemed it neuralgic or rheumatic; and, as I had been up late the previous evening and exposed to cold, and as I was somewhat subject to neuralgic affections, I acquiesced in the diagnosis. My friend and late preceptor, Dr. Abernethy, who saw me the following day, differed with us, thinking it more likely the result of a strain; but, as the pain and swelling soon extended to the knee and elbow joints, he joined us in the belief that it was rheumatic, and I accordingly commenced a course of treatment for that affection.

Five days after the commencement of my sickness, the distinctive spots of purpura showed themselves upon my right leg, and spread from thence to other parts of the body. They were of a bright, livid, red color, resembling a nævus more than any thing. Before the appearance of the distinctive spots, the affected part swelled, the skin became tense, and the most *intense pain* was experienced in the part. The least touch or motion of the part produced an aggravation of the pain already almost unbearable. The weight of the bedclothes could not be borne, and the slightest jar of the bed was enough to extort a scream. When the swelling had reached its height, which it did in a few hours, the spots of purpura showed themselves. Pressure upon them produced no alteration in color. After remaining for a lesser or greater length of time, the color of the spots gradually commenced to fade, and with their disappearance the swelling and pain subsided. The skin was left of a dirty yellowish color. The different parts of the body were successively attacked. The penis and scrotum, although enormously swollen and covered with purpural spots, pained but little. The pain was worse in the arms and fingers, and, with the exception of the scrotum, less felt in the face than any other part. The eyes were completely closed by the swelling, and the lids became slightly œdematous. From the face, the purpura travelled through the nasal passages to the throat. The uvula and fauces were enormously swollen, so that deglutition was difficult. From the throat it travelled the whole length of the alimentary canal, its progress being marked by the same intense pain. Some dyspnœa was produced when the lungs and heart were slightly affected. When the disease was in the bowels, a slight hemorrhage, amounting to but a drachm or two, took place, and this

was the only hemorrhage which occurred during the whole progress. This was the course of the disease, which occupied about a week, recurring successively every week, and each successive attack decreasing in severity and in the number of parts affected..

It continued for six weeks; at the end of which time, though very stiff and lame, I managed to leave the house. But, during the three or four weeks of convalescence, after I left my bed, small patches of purpura would still show themselves, although each successive crop of patches (if I may so term the repeated extravasations) was darker and less livid in color than the preceding. During some of the time I was delirious, and I am disposed to believe that it was due to the disease having appeared in the brain, or its meninges rather, for at other times my head was remarkably unaffected.

I was under the care of Dr. Abernethy, who had the assistance of Drs. Drake, Hough, and several others of my medical friends. No specific treatment was adopted. The various symptoms were treated as they occurred. Pain was relieved by large doses of morphine. The great swelling of the throat, which promised to close it up completely, was abated by inhalation of the vapor of warm milk. Ulcers, which formed upon the fauces and uvula, were touched with the solid argent. nit., and afterwards with a strong solution of the chlorate of potash. The bowels were kept open with laxative doses of mag. nesia calc. The extreme fetidity of the evacuations was combatted by the addition of pulv. carb. ligni to the magnesia. The local application was diluted alcohol, which I fancied afforded a little temporary relief. As the disease assumed a clearly periodic form, sulphate of quinia was given in full doses in the interval between the attacks, but with no observable effect. During the latter stages of the disease, the fingers, without showing any sign of purpural extravasation, would swell, become intensely painful, and throb like a forming paronychia, which indeed they might have easily been mistaken for. The local application of a plaster of ext. belladonnæ appeared to relieve the pain of them. As debility showed itself in the last stages of the disease, mineral tonics, iron and bark, with sarsaparilla and yellow dock, were freely exhibited. Wine and eggnog were taken in small quantities. The convalescence was slow and tedious; indeed, I could not say that I was convalescent until after a trip to the hills of Massachusetts, which I took about a month since.

Case 2. This case also occurred in the practice of Dr. Abernethy, to whom I am indebted for the particulars of it. T. L. J. S., æt. 18, was taken in April last, with pain and soreness in his thigh, over the seat of a former fracture. In two or three days, the characteristic extravasations of purpura showed themselves about the knee, and spread from thence to other parts of the body. It is unnecessary to particularize the symptoms, which were the same as in the case described above. The same intense pain was one of the marked symptoms, abating and recurring as in my own case. The viscera of the thorax and abdomen were very extensively and severely affected. A slight hemoptysis, with dyspnea, attended the attack upon the lungs. When the heart became involved, the patient suffered excruciating pain, which was so severe as to be almost unbearable. Slight hemorrhage from the bowels took place; but from the bladder was the most blood lost. Large quantities were passed with the urine. The treatment was substantially the same. Blisters over the heart and bladder relieved the pain when other means failed. The hemorrhage was controlled by the internal administration of ol. terebinth. Convalescence is not yet fully established, and the patient is now at the sea-shore, improving slowly. Patches of purpura occasionally show themselves, but not accompanied by the painful symptoms. In the first case, the spots appeared in uniform diffused patches; but in this case they were occasionally seen in stripes, looking as if the patient had been severely cowhided.

Without attempting to draw any deductions from the two cases, I wish to call the reader's attention to their striking similarity in certain

respects. Both patients were attacked by the disease when in perfect health. As regards myself, I never felt better in my life than just before I felt the pain in the calf of my leg. Both were attended by *pain of the most agonizing description*, and in both the successive attacks assumed periodicity, yet could not be controlled by anti-periodics. I believe that to purpura no definite cause has, as yet, been authoritatively assigned; but in these two cases there may be a fact which shall serve to throw some light upon the subject. *Vegetables formed no part of the diet of either of the patients.* I do not think, that, during the winter months, I tasted vegetables over two or three times. I ate considerable fresh meat, and also pies and cake, of which I was very fond. Of them my diet was almost wholly composed. Vegetables I did not like; in fact, I had a positive aversion to nearly every thing of the kind. The same strange idiosyncrasy, or eccentricity, characterized the other patient. He lived almost entirely upon cake and pastry. Whether this diet had any thing to do with the production of the disease, (which was clearly purpura, and not scurvy—a disease which such diet would be more apt to produce,) is more than I can determine. My friend, Dr. E. M. Hunt, of Metuchin, informs me that he had a mild case of purpura in an insane woman, who would eat nothing but cheese. Since my recovery, I have with some difficulty taken to a mixed diet; but I did not see that it hastened convalescence, which was tedious enough.

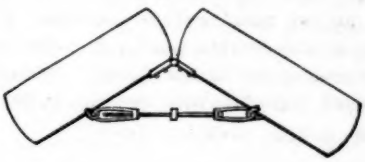
Surgical Apparatus for the Extension of the Knee-Joint Simplified.

By J. L. Ludlow, M. D.,

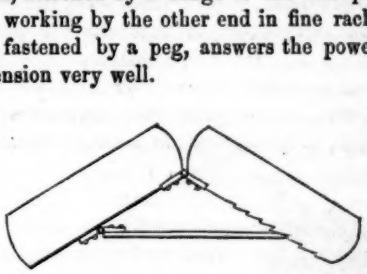
Physician to the Philadelphia Hospital.

Frequently physicians and surgeons are annoyed in practice by the want of something in the instrument line, to meet certain indications of treatment, easily and economically, and from their necessities adopt or invent something which they find to answer their purposes, and then throw it aside until a want is suggested by a brother practitioner, which they find they can supply from their invention, etc., of the passing moment. Such were the circumstances which first suggested the following.

In this one instance, I wanted a cheap article to straighten a limb. Stromeyer's screw was too expensive for the patient, and I had one made according to the accompanying drawing, which answered my purpose exactly.



The splint is a simple piece of hollowed pine made of the exact length of the thigh and leg, divided at the knee joint, and re-connected by a hinge, by which it is flexed and extended. The screw is the simple *brace*, usually found on the top of the ordinary saw frame for sawing fire wood. The whole may be made for $1 50. When there is not at hand the brace mentioned, a small strip of wood, attached by a hinge to the one piece, and working by the other end in fine rachets, and fastened by a peg, answers the power of extension very well.



In the country, where instrument makers are scarce, I think practitioners will find this simple arrangement very convenient.

The next instrument I had made, to assist me in a dilemma, was a *porte ligature*, by which I could carry a ligature high up in the uterus, so as to surround completely a fibrous polypus. After preparing the patient, I attempted to get at the base of the pedicle by the ordinary means, but did not succeed. I then had made the following: A pair of long delicate forceps, with small tubes in the end of

each blade, through which to pass a strand. The blades were constructed so as to be detached from each other at the joint, and then re-locked when the ligature was around the base of the polypus.

By first passing the instrument united, to the base of the pedicle of the polypus, I held one blade firmly there, and detached the other blade and passed it around the base of the polypus, re-united the blades at the joint, and pushed both firmly to the base of the polypus, and twisted it off. The first blade acted as a guide to the second. When unattached, I kept the exact position at the base of the pedicle, avoiding slipping.

New Form of Fracture Bed.

When the treatment of certain fractures requires a fixed position of the body for a length of time, or when an invalid is from his condition immovable, a bed so constructed as to allow its frequent renewals and facility for passage of the excretions without disturbance of the patient is of the greatest importance. With this object, numerous contrivances have been presented, most of them being inefficient, or too complicated, or expensive, for general use.

The accompanying cut represents a form of bed, which for simplicity of construction, and comfort to the patient has not been exceeded.

The patient lies immediately on the canvas sacking, which is stretched permanently on a frame above the mattrass. Beneath this, the mattrass is elevated or depressed by means of a crank, which is seen at the foot of the bedstead. Ordinarily, the mattrass is kept raised, so that the patient rests upon it with the sacking intervening, and when the evacuations are attended to, the mattrass is lowered sufficiently for a receptacle to pass between it and the sacking.

The mattrass may also be lowered for the purpose of removing it, or for refreshing the patient by allowing the air to pass beneath his back.

This arrangement, which is the contrivance of Messrs. Field and Finley of this city, is well adapted for the treatment of fractures of the inferior extremities, or for the comfort of patients in many cases of extreme illness.

It has received in the Pennsylvania Hospital, and elsewhere in this city, sufficient practical test of its comfort and convenience to both patients and attendants.

Illustrations of Hospital Practice.

PHILADEPHIA HOSPITAL.

Double Pneumonia;—Acute Gastritis;—Typhus Fever, Autopsy;—Epileptoid Chorea, Angina Pectoris, Hæmorrhage from Nose, Mouth, Eyes and Ears;—Delirium Tremens—Autopsy. Operations for Varicose Veins—Startin's method—Acupressure—Method—Cure.

Reported by C. C. Sherard, M. D., Resident Physician.

Double Pneumonia—Wm. E., aged 46, born in England, was admitted into the Hospital June 14th, 1860.

Diagnosis: Double pneumonia.

His history was that he had enjoyed good health up to the present attack, and had been a drinking man all of his life. He had been exposed to the weather, and had been caught in a rain. Soon afterwards he had a chill, and suffered from a shortness of breathing, and a sudden stitch in the side, (as if something had broken loose.) This pain has continued since. Expectoration copious.

When he entered the hospital he had fever; pulse 92, respiration 40 per minute. Both cheeks are flushed; no pain; no heat of skin; a fluid, but rusty colored sputum.

Auscultation: Right lung anteriorly yields bronchial respiration; respiration short and tubular; under the right clavicle, down to the middle portion of lung, coarse râles above and friction sound below; posteriorly crepitant rales at lower portion of right lung; posterior left lung, respiration normal, and

lower portion of left some slight friction; dullness all over right lung anteriorly.

Treatment.—Blistered over right lung, and afterwards dressed with poultices.

℞. Liq. potassæ cit.
Syrup. senegæ, āā f ℥ii.
Vin. ipecac. f ℥i.
Beef tea, f ℥ii.
Milk, f ℥iv.

A tablespoonful every three hours, with morphia at night.

June 16th.—Pulse 84 per minute; respiration 30 per minute. The crepitant râle is still heard posteriorly in right lung, and anteriorly, bronchial respiration. The sounds remain very near the same as on 14th.

℞. Potassæ cit. liq. f ℥ii.
Syrup. senegæ,
Liq. ammon. acet.,
Vin. ipecac. āā f ℥i.,

and four cut cups on back. A tablespoonful every fourth hour, and Dover's powder at night.

18th.—Pulse 80, less tense; sputum whitish, and no longer rusty colored, and not so copious; tubular respiration giving way to bronchial and moist râles; respiration somewhat rude at the lower portion of right lung, and no dullness on percussion posteriorly. Treatment continued, except the vin. ipecac. Respiration 30 per minute.

20th.—Improved. No blowing respiration; inspiration vesicular, and respiration prolonged; fine crepitant râles and fine sounds still exist posteriorly, but are somewhat coarser; blister 3 by 4 inches over right lung, and continue treatment; pulse 84, respiration 28 to 30; pulse much less tense than it was.

24th.—Much improved, and out of danger.

27th.—He is up, and nearly well, but weak; placed on tonics.

30th.—He has entirely recovered, and is perfectly well, but weak.

Acute Gastritis.—Mary K., aged 40, born in Ireland, entered the hospital May 12, 1860.

Dr. Da Costa saw her for the first time June 17th, 1860, and diagnosed acute gastritis, brought on by drink. The following was her treatment: ℞. Hydrarg. chlo. mit. gr. vi at night, to be followed by four grains in the morning, to be followed by injections, mustard poultice over stomach, and follow that with hop poultice. She vomited up the first powder, and if she was not relieved, was to have a dozen leeches over the stomach on the 18th.

June 18th.—No better. A dozen leeches were placed over the stomach, and gave relief immediately. At night she took six grains of calomel, followed by sulphate of magnesia next morning.

20th.—Much better.

21st.—Still improving; going about, but sent back to bed.

23d.—Cured, and has gone to work in the woods.

28th.—Perfectly well, and still at work, and worked for a month or more, and then eloped.

Reported by J. Solis Cohen, M. D.

Typhus Fever—Autopsy.—Wenzel N., a German, æt. 27, was admitted July 11th with well marked symptoms of typhus fever. He had just landed from an emigrant ship, on board of which some slight sickness, but no deaths, had occurred. He said his own illness had lasted three days, yet the petechial eruption was strongly defined over the entire body and extremities. Pulse 120, full but compressible, respiration 32; throat highly inflamed, with tendency to ulceration.

His treatment consisted of stimulants, liquor am. acet., cold sponging and ice to the head, while to the fauces and pharynx a strong solution of iodide of zinc was applied. He appeared to improve until the 6th day, when the delirium increased, and although his stimulants were advanced to two pints of milk punch and ℥iv of brandy a day, copious diarrhœa supervened, followed on the 19th inst, by a copious perspiration, probably critical, and he died on the morning of the 20th inst.

Autopsy made six hours after death by Drs. Goodman and Lee, of Philadelphia Hospital, the body being still quite warm. No wasting of the body; eyes nearly normal, the pupils being somewhat contracted.

On examining the brain, there was evidence of a good deal of venous congestion of the arachnoid, but no sub-arachnoid effusion. The cerebellum was not as much congested as the cerebrum, but was quite soft, giving way in every direction under slight pressure. The white matter of the brain was normal in appearance, but the gray substance was exceedingly pale.

Chest.—The pectoral muscles seemed rather darker than usual, but otherwise normal. On raising the sternum the pericardium was found extensively attached to it. There was about an ounce and a half of liquid effusion into the pericardium. Each pleural cavity contained three ounces of dark-colored liquid, but no adhesions, or other evidences of pleuritis, were found. The lungs were very much congested with venous blood, crepitant throughout, and floated on the water. Both anteriorly and posteriorly there was intense venous congestion, giving the lungs a purplish black color.

The heart was normal in size, but pale and flabby in appearance. In the right ventricle was found a large yellowish fibrinous clot, extending into the right auricle, and there was a soft black clot in the right ventricle. There was fatty degeneration of

the right auricular wall, slightly extending into the right ventricle. The valves of the heart were in their normal condition.

The liver was normal in size and consistence. The upper part of the right lobe was a little softened.

The spleen was of a purplish color, and pulpy in consistence.

The right kidney was perfectly normal; the left one was congested.

There was congestion of the small intestines. There was no alteration or inflammation of either the mesenteric or agminated glands.

[Reported by J. Solis Cohen, M. D.]

Epileptoid Chorea—Angina Pectoris—Slight Hypertrophy of the Heart—Hemorrhage from the Nose, Mouth—Bloody Tears.—Laura Reed, æt. 24 years, was admitted in the hospital four months ago. When a child, she had a severe attack of scarlet fever. She did not walk until she was four years of age; has no recollection of ever having had rheumatism.

She was quite well until about 11 years of age, when she was attacked with chorea. The description which she gives of her condition then, leaves no doubt as to its having been this disease. She got well of this after a short time.

About four years ago, at the age of 20, her present trouble commenced. She was taken with palpitations of the heart; since which time she has been constantly subject to very severe paroxysms of angina pectoris, causing her "to scream out for five minutes at a time." These paroxysms occur with more or less severity three or four times a day. They recur more frequently at night, causing her to awake suddenly, when she experiences first a difficulty of breathing, soon followed by intense pain, which lasts for several minutes, then gradually subsides, allowing her to fall asleep again. The sensation during a paroxysm is sometimes "as if some one had firm hold of her heart between his hands, and squeezed it closely together."

She bleeds quite frequently and freely from the nose and mouth; sometimes from the eyes, in the shape of bloody tears, and occasionally from the ears, as often as once a month, but in no way influenced by the catamenial period.

Her menstruation has been irregular ever since the commencement of her trouble, four years ago. Some time ago she was, for a few weeks, in a house of ill fame; has had one child, and contracted a gonorrhœa, which she had in a mild form.

She has fits of an epileptoid nature occasionally; but never loses her consciousness while having them, though foaming at the mouth.

On physical examination, the lungs are found healthy. The two sounds of the heart are heard distinctly, the organ seeming to act with some violence; there is a slight, not very distinct, blowing murmur, accompanying the first sound of the heart. The apex of the heart strikes lower down than it should—near the upper margin of the seventh rib. There is little lateral displacement of the organ, if any.

The habitus of the patient is decidedly anæmic. She is under general tonic treatment. (We shall refer to the progress of this interesting case hereafter.)

Delirium Tremens—Autopsy.—A. D., æt. 33, died, in the medical ward of the Philadelphia Hospital, of delirium tremens. Post mortem examination made 15 hours after death, by Drs. Goodman and Lee:

Stomach much congested; liver, normal; spleen, exceedingly soft; kidneys, very much congested, soft and pulpy, and completely filled with oil globules; brain, much congested with arterial and venous blood; cerebellum, quite hard, somewhat diminished in size, with a good deal of effusion into the lateral ventricles.

This patient had been brought in the drunkards' ward four days before his death. He was stimulated at first, and got so much better that the stimulus was discontinued, when he was seized with delirium tremens, terminating fatally.

Service of Dr. Levis.

[Reported by C. C. Sherard, M. D.]

New Operation for Varicose Veins.—Ann Campbell, aged 26, born in Virginia, was admitted into the Philadelphia Hospital, with an ulcer on the inside of the calf of the leg, which was surrounded by large bunches of varicose veins. She has had four children, and, with the exception of the ulcer and diseased veins, is in vigorous health.

The enlarged veins appeared after a confinement four years ago, and have since increased in size. The ulcer had existed about three months. The confluent branches of the internal saphena only being enlarged, it was proposed to obliterate that vessel a short distance above the ulcer, just below the inner side of the knee.

The operation, performed by Dr. Levis, for the obliteration of the vein, was on the acupressure principle, after an ingenious method recently recommended by Mr. Startin, of the London Hospital for diseases of the skin. A needle, greatly curved at the point, with a long, straight shaft about the length and thickness of an ordinary knitting needle, was used for the purpose. The curved portion is passed deeply under the vein, and then the straight bar of the needle is drawn along, and a portion of it, about two inches long, is broken off and allowed to remain. Compression is thus effected by making a straight piece occupy a position beneath the tissues taken up by the semi-circular curve of the needle.

The operation was performed on this principle with a needle for the purpose, modified by Mr.

Kolbé, the surgical instrument maker. The improvement in Mr. Kolbé's needle, is in making the shaft of the needle about an inch or more long, and tubular, so that a long wire can be introduced into it instead of having a long, fixed shaft, as in the original needle of Mr. Startin, and which is necessarily broken at every operation. A common knitting needle was introduced into the short, tubular, straight shaft connected with the curved point.

The operation was performed on the fifth inst. It produced very trifling pain, and no blood flowed. A piece of dry lint was placed on the ulcer, and a bandage on the limb from the toes to the middle of the thigh. The patient remained in bed, and felt but little uneasiness from the presence of the wire. On the fourth day the wire was removed, and it was evident that the vein was obliterated. The ulcer appeared to have almost dried up, and the enlarged veins had greatly disappeared, even when the patient was in the erect position.

A few days after the operation, there was some induration just below one of the points of exit of the needle, and a slight discharge of pus.

The patient is now, July 24th, able to walk about the wards, and the ulcer remains healed.

Operations by Acupressure and Subcutaneous Ligature with Silver Wire.—Eliza Cook, aged 72 years, had been in the hospital for three years, suffering from an extreme varicose condition of both legs, but more particularly the right. Her limbs have been thus affected for thirty-five years, and it came on after an attack of milk-leg, following a confinement.

There was no ulcer on her legs, but the woman suffered severe pain, and had been unable to be out of bed for four weeks. As a commencing operation for the relief of so much varicose disease, on the 14th inst. Dr. Levis performed Mr. Startin's operation, as in the previous case, obliterating the saphena a little above the knee.

Previously to the operation, the veins were so distended and the valves so destroyed, that the impulse communicated by tapping with the finger on some of them at the ankle was directly felt among the enlargements on the thigh.

The wire was removed on the fifth day after the operation, when the continuity of the vein was evidently entirely obliterated. The fulness of the varices had much decreased, and the patient was free from pain.

For the further relief of this case, on the 21st inst. Dr. Levis performed another operation, which he prefers for the cure of varicose veins. It consists in simply encircling the vein with silver wire, and twisting it so as to arrest the circulation. A straight needle, threaded with the wire, is passed beneath the vein, and makes its exit through the skin on the other side of the vein. The needle is returned through this last opening, passed *above* the vein, and brought out at the original place of entrance. The ends of the wires are then twisted tightly by means of the wire-twister. The wires will be left surrounding the veins until they loosen.

The places at which the operation had been performed, were covered with pieces of isinglass plaster, and a bandage enveloped the limb up to the middle of the thigh.

At this time, four days after the operation, the patient continues entirely comfortable.

EDITORIAL DEPARTMENT.

Periscope.

From the German by L. ELSBERG, M. D., of N. Y.

Opinion on the Remains of a Child's Corpse found in a Sewer.—By Prof. JOS. MASCHKA, of Prague.—This interesting case is reported in the *Oesterr. Zeitschrift*, für Prakt. Heilkunde V., 44. Only the head, upper extremities, and thorax had been found; the spinal column from second lumbar vertebra downwards, pelvis, all abdominal organs and lower extremities were entirely wanting. Both pleura were filled with mire. The lungs floated in water, both before and after separation of the heart; the latter also floated alone. The lungs had occupied the posterior part of the thorax only, and were flabby and dirty-brownish red, arroded at the borders and covered with air vesicles at the surface and under the pleura. Even the smaller divisions of the bronchia contained traces of mire, which could be pressed out in the form of blackish drops, on making incisions into the substance of the lung. After opening of the superficial air-vesicles, and compression of the substance, the lungs sank to the bottom of the water. The heart was flappy, dirty-brown, bloodless; the foramen ovale, and ductus arteriosus open.

The determination of extra-uterine life and cause of death under so unfavorable circumstances, is so remarkable, that we gladly take the trouble to present to our readers the points of Dr. Maschka's testimony:

1. From the nature of the cartilages, hair and nails, as well as from the diameters of the head, and the length of the extremities and parts of the body that remain, it may be concluded that the child was born at full term or near it. 2. With the progress made by de-

composition, the hydrostatic test justifies no conclusion, but the existence in the larynx, bronchia and even smaller ramifications of traces of the mire in which the corpse was found, leaves no doubt of the fact, that the child has lived and breathed, since the entrance of a foreign body into the air passages under the circumstances implies continued respiration. 3. The presence of this matter in the air passages, is also proof that the child was drowned (suffocated) to death in this mire, since such presence, by preventing the respiratory function, produces death in every human subject under all circumstances. 4. Whether the child was newly born, or whether it did not reach the sewer immediately after its birth, cannot be determined in this case. 5. Nor can it, on account of decomposition and absence of every sign of organic reaction be determined, whether any injury or violence was done the child previous to its suffocation. The loss of several organs was evidently caused from arrosion by rats. 6. Since individual parts, as f. i. the right half of the face, and the right upper extremity were well preserved and decomposition usually progresses rapidly in sewers, an interval of from eight to fourteen days may have passed since the birth of the child.

On the determination of Life of Neonati without Respiration.—Dr. Marklin, of Crefeld, publishes in the *Vierteljahresschrift für gerichtl. und öffentliche Med. Bd., XVI Hft.* 1. an able and instructive article thus headed, on the possibility of meeting in autopsies of neonati with conditions which must necessarily be ascribed to extra-uterine vital action, without our being able to prove that respiration or circulation of blood has occurred. He instances such contents of the stomach and intestines as can reach these organs only after separation from the mother. "Is it not conceivable," he then asks, "that a healthy child may be drowned to death by substituting for the circumambient air, water, or any other liquid, immediately after birth, before the function of respiration is established? And is it not possible, that under such circumstances the only manifestation of life which has occurred—i. e. deglutition—can leave unmistakable traces of its existence? He reports a case in point: A fœtal corpse is fished up from the Rhine. From its examination it resulted: 1. That the child had not been carried to full term, but was in a state of developement between the 6th and 7th month of gestation. 2. That it had not breathed, and therefore, according to present law, not lived.

But there were other phenomena. In the upper part of the abdominal cavity there was found a quantity of black and white sand to the weight of about gr. xv., as source of which three openings were discovered below the pylorus in the course of the duodenum. Sand was also found in the stomach, as well as in the upper part of the intestinal canal, and in the œsophagus; and three granules also, in the windpipe. To explain how the sand came there, there are only three possibilities, i. e. 1. Either the sand suspended in the water must have penetrated the floating corpse; 2. Or the mouth of the child having been stopped up with the sand immediately after birth, the sand must gradually have descended; 3. Or the child must have been placed, at once after its birth, into a fluid, largely containing such sand, and there made its first attempt at respiration and deglutition.

The first two explanations, the author shows to be inadmissible, mainly relying on the experiments of *Riedel & Kranzler* (Casper's Handbuch, vol. 1., p. 567,) which prove that no liquid reached the stomachs of child-corpses and dead cats under the most favorable circumstances possible. There remains, therefore, only the last mentioned explanation; and if this be admitted, it results: that *deglutition, resp. the contents of the stomach, may under certain circumstances prove that a neonatus was alive at birth, even if neither the phenomena of respiration, nor those of circulation can be discovered to have occurred.*

Life without Respiration.—Drs. Lafargue and Degranges found in a fœtal corpse examined for medico-legal purposes all the ramifications of the bronchia filled with a muddy liquid mixed with small sandy and vegetable remains. These masses were exactly similar to those in the creek in which the corpse had been found. Not a particle of air had ever entered the lungs. But these foreign matters, could not have penetrated the lungs so deeply without a strong inspiratory act; and the authors gave their positive opinion that the child had lived in spite of the negative result of the hydrostatic test.—*Gazette des Hospitaux*, No. 50, '59.

Case of Death in a Neonatus by a Fall into a Sink.—Dr. Born, of Görlitz, reports a case in the *Vierteljahr. für gerichtlich. Med.*, XVI p.

36, of a woman, who believing her labor pains to be common belly-ache, and trying to satisfy a constant desire at stool, lost her child in the privy-sink. Within five minutes it was extracted with a hook. It was completely covered with mire, and quite cold. An intelligent midwife, who was soon after on the spot, although convinced that the child was dead, made several attempts at re-animation by rubbing, turning and even insufflation. But life did not return. Examination proved the child fully and well developed; the stomach was found entirely filled with a greenish-yellow thin, pasty liquid containing small air bubbles, fœcal matter, and a maggot one quarter of an inch long. The trachea, on being cut, also disclosed a little of the miry liquid. The lungs were perfectly crepitant and healthy. The child had swallowed mire.

———o———

Œdema of the Brain.—M. Marce, according to the *Medical Times and Gazette*, has made some investigations on œdema of the brain, which he has communicated to the Paris Anatomical Society. Instituting, first, a series of experiments to determine the quantity of water contained in the normal state of the cerebral substance, he found,

1. That, in the normal state, the gray substance of the human brain contains more water than the white—100 parts of the one containing 80 parts of water to 70 of the other. Secondly, in all species of animals (man, sheep, calf, ox, rabbit, pheasant, owl) examined, this predominance is also found in different degrees—the mean difference being a tenth of the total weight.

2. The next point was to ascertain, whether the cerebral substance was capable of absorbing additional quantities of water, without its texture being altered; *i. e.*, whether cerebral apoplexy could exist. To this end, two orders of experiments were instituted: First, brains which had remained untouched, were injected with pure water; and secondly, fragments of cerebral substance were left to soak in water for 24 or 48 hours, or more, and were then weighed. It was found that the fragments had absorbed 50 per 100 of their weight of water, so that 30 parts of solid matters, in place of corresponding to 70 parts of water, as in the normal state, corresponded to 150 parts. Necroscopic researches have confirmed these experiments; for, on submitting brains to desiccation, the membranes of which had been infiltrated with serosity, it has been constantly found, especially with respect to the gray substance, which is more immediately in contact with the effused serosity, that there was a more considerable quantity of water in such brains than in the normal state, as, e. g. 85.90 per cent. in place of 80 per cent.

Thus, in spite of its close texture, the cerebral parenchyma may absorb water, and become œdematous. The fact is of importance in various points of view. First, thus, in comparing the two hemispheres by weight, we must not forget that a simple serous infiltration may give rise to a difference in weight, which may erroneously give rise to the belief in atrophy of the opposite hemisphere. Secondly, infiltration of the parenchyma necessarily gives rise to an increase in volume, which is a matter of great importance in an organ enclosed in a non-extensible case. Thirdly, the symptoms of cerebral compression, attributed to the presence of peripheric serous effusion, are not only due to this superficial layer of fluid, but also to the increase in the volume of the brain arising from absorption of fluid. Fourthly, the methodical desiccation of the brain, the sole method of ascertaining its œdematous condition, should be employed in the anatomico-pathological study of the organ. It is possible, in this way, we might discover the anatomical cause of cerebral symptoms hitherto referred to the class of neuroses or nervous affections.

———

Rupture of the Right Auricle of the Heart in Labor.—In the Ohio *Medical Journal*, Dr. S. Hudson, of Whittlesey, Ohio, reports a case of rupture of the right ventricle of the heart in labor. It took place in a primapara, during the first stage of labor. Having momentarily left the room, the doctor was suddenly called back by the attendants, who said that the patient had fainted. "I stepped to the bed, and found she had thrown herself forward, so that her head was partially off the bed. I had her immediately placed in the horizontal posture, and felt for her pulse, but it was gone." She was dead.

Dr. Hudson was not allowed to save the child by operative means. An autopsy revealed the pericardium filled with blood to its utmost capacity. The heart was found ruptured near the descending vena cava, its texture being very thin and soft, and easily torn. The rupture was sufficiently large for the passage of a thumb.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 28, 1860.

CURRENTS AND COUNTER-CURRENTS IN MEDICAL SCIENCE.

There are certain questions in medicine which will never be settled, for the simple reason that medical science will never be perfect. The phenomenon of periodicity in fevers, for instance, however plausibly interpreted, will ever remain hidden in the dark, unless new instruments are invented to discover as yet unknown elements and chemical combinations that have not yet been disclosed to our senses and understanding.

The members of the Paris Academy of Medicine have been fully up in arms for the last few months, wrangling over that much debated question of "Chemism or Vitalism." The aptitude of the French to make a good deal out of very little—a national trait, exemplified in their kitchen as well as in their talk and literature—has been strikingly manifest in the discussions on the above-mentioned subject.

M. Devergie, having reported upon the treatment of purpura hæmorrhagica and of diseases of the like order, to settle the question of the claim of priority of employing the perchloride of iron in purpura, which he did in favor of M. Pize, the learned academicians could not let the opportunity pass without ventilating their opinions on "first principles." And a good ventilation it was, as every one will understand, when we state that M. Trousseau, the great orator of the Academy—the Demosthenes of the medical *tribune*—opened the ball, and that he was followed by such gentlemen as Poggiale, Piorry and Devergie. "We live in the *iron* age," cried out one of the listeners; "alas, it will be the death-blow to vitalism." The pun was certainly as good as circumstances would permit, yet there is a great deal of solemn truth in this little *jeu d'esprit*.

We have, however, no inclination, at present, to discuss the relative claims of Chemism and Vitalism. There is something nearer at home which demands our attention.

Under the title, "Currents and Counter-Currents in Medical Science," Dr. Oliver Wendell Holmes read an address at the last meeting of the Massachusetts Medical Society. Statements made in the papers of the day, which have been going the rounds through the press, made us expect the publication of this address with some curiosity. It has finally reached us.

We do not like its external appearance. It bears at its head, and over its face, the official muzzle of the Fellows of the Massachusetts Medical Society. We have a dislike to muzzled documents. The society passed a resolution "that it disclaimed all responsibility for the sentiments contained in this annual address." This resolve is printed at the head of the paper. Why this extraordinary procedure? We believe that it was unjust to Dr. Holmes, and unwise, considering it in the mere light of policy. What was the object of the society in doing it? Obviously to counteract, negatively, the influence, as far as possible, which Dr. Holmes' address might have upon the profession and the public. This resolve will make it all the stronger. We have already seen newspapers commenting on it, in the usual style of "one daring to utter the truth," "old fogyism," "martyrdom," "old physic exploded." No one would have held the Massachusetts Society responsible for anything that Dr. Holmes says.

Again, there is no danger whatever to *truth*, and that is the end of science, in the address, divested of its poetically exaggerated plumage,—reduced to its elements. It is a very innocent, a very harmless address, no more dangerous than so much breakfast-table talk. When its rhetorical fanfares have ceased to fill our ears, and its last metaphorical chaser has vanished out of sight, there remain a few suggestions, maxims and principles, that have been advanced long before Dr. Holmes was born, and which we believe will be acceptable to ninety-nine hundred out of a thousand physicians; while, what might be dangerous is so glaringly untenable, that it loses its force.

That in days gone by, there has been too much drugging and dosing, and that the old

Pharmacopia, containing the Album Græcum, Zebethum Occidentale, has been as disgustingly filthy, as is the infusion of the *pediculus capitis* of the homœopaths to-day, is beyond question. That there is a innate desire of the people, resulting from old superstitious habits, to be "drugged" can hardly be denied. That the physician should be careful, not to cater to this morbid taste, is plain. Yet does it follow from this that medicines are useless, that the materia medica should be pitched into the sea? Does it follow that because people have cut their throats and been stabbed, knives should be abolished? Even Dr. Holmes, severely as he opposes "drugging and dosing," does not go as far as that. He would retain opium, also a few specifics, also ether and chloroform. Now Dr. Holmes must admit, unless he shuts his eyes to the experience of the most experienced and most unbiased minds in the profession that there are other narcotics, besides opium, which allay pain; and more than this, that among these there are some, like hyoscyamus, lactucarium, etc., which in many cases alleviate pain quite as successfully, without many of the dangers of opium. If Dr. Holmes wishes to throw these into the water and "poison the fishes," we shall not quarrel with him, but leave him to the tender mercies of the fishermen. Yet we wish to use *our* judgment, whether in a given case, where it is necessary to alleviate pain, we shall use opium or something else, and if Dr. *Holmes* is willing to limit himself to opium, *we* are not; if "popies grow in the cornfields"—lettuce grows in the gardens; and we think the latter is just as good a reason to retain lactucarium as the former to retain opium. Let us retain then, with Dr. Holmes' permission, narcotics.

A few specifics! We are glad that the learned Professor of Harvard is willing to grant us *these*. Cases of lead poisoning will happen as long as lead paint is used; mercury in the arts will ever be indispensible, and occasionally people will be poisoned by it; how magnanimous that Dr. Holmes allows us to retain iodide of potassium, which is as sure a specific in these as "the Professor at the breakfast table" in "blues." We have a faint idea that mercury too, *is*, to a certain extent, a specific in certain diseases; as such we will be allowed to retain it, and return thanks to Dr. Holmes for his gracious permission. Iron, we have a notion, is pretty much of a specific in frequent forms of anæmia; so let it stand on the shelf. And quinine, too, we hardly believe Dr. Holmes would consign to the depths of the ocean. Nor some other remedies which act *specifically* in restoring this or that organ to its normal function. Even ipecacuanha and and tartar emetic, we shall be able to retain, by stretching Dr. Holmes' "pass" a little. There is nothing like speedy emesis, when a man has taken a little too much wine, ("which is a food") or other food; it acts specifically—the stomach too full—it will certainly empty it; so let it stand on the shelf for emergencies. Having saved, with Dr. Holmes permission, opium, other narcotics, mercury, iron, quinine, ipecacuanha, tartar emetic, from being ignominiously employed to poison the fishes, and not having time now to multiply our attempts of resuscitating other articles, we shall follow Dr. Holmes to one or two of his propositions. He says:

"The *presumption* always is that every noxious agent, including medicines proper, which hurts a well man, hurts a sick one." We are sorry for Dr. Holmes' reputation as a logician. He has always born a good character in that respect. We would not, unless compelled, take away one iota from his fair fame. Yet this proposition, and it is the hub of his argument, is so untenable that we cannot for the world conceive how any body could get frightened at the superstructure reared upon so weak a basis. It shakes and totters at the breath of a child.

Every one knows that a pint of brandy a day hurts a well man; does it hurt the patient down with low typhoid fever? Not at all. (See Todd, Bennett, etc.) Iodide of potassium will produce its constitutional effects, it will hurt a well man; will it hurt the poor paralysis-stricken artist whose system is laden with lead? Opium will hurt a well man. Will it hurt the patient who is suffering agonies of pain that allow him no sleep? Quinine will

hurt a well man. Will it hurt the man who has been shaken almost to pieces by the ague? Arsenic is a noxious agent, hurting a well man. Will Dr. Holmes, in the face of experience, deny that it not only does not hurt, but benefits many persons sick with various diseases?

How Dr. Holmes could be carried away by such a phantom of a proposition we cannot explain.

So far we have not been able to agree with Dr. Holmes, in "throwing physic to the dogs," or, as he would have it, "to the fishes." In everything else we agree with him. The physician should always, when prescribing, remember that he is dealing with noxious substances, and whether the good to be accomplished by a powerful remedy overbalances its evil effects. For the enunciation of this principle we are, however, not indebted to Dr. Holmes. It has been inculcated many hundred times by many hundred men before him. That the great aim of the physician should be to prevent disease, and if possible, cure it by proper dietetic and hygienic management, is again an old, common-place maxim. That we should rather strive to assist nature than to battle with her—true again. We are glad that Dr. Holmes approves of these sentiments, and none is more capable of stating them beautifully, forcibly, emphatically, than he.

Yet, if Dr. Holmes believes, and we hardly think he does so seriously, that the current of the medical progress of the nineteenth century is towards *abolishing* the materia medica, we think that he is sadly mistaken. The tendency is towards its purification and simplification, not its abolition. As long as man is linked to nature, and his organism is subject to the deleterious influences, which cause disease, progressive science will ever be on the alert to find the antidotes, and the experience of the united profession will determine in future, as it has in the past, which are the best. It is *Mephisto* under Faust's disguise, who said to the medical student:

"Der Geist der Medizin ist leicht zu fassen:
Ihr durchstudirt die gross' und kleine Welt,
Um es am Ende gehn zu lassen, wie's Gott gefällt."

ONE GENERAL INTRODUCTORY.

The Medical Schools of this city have recently united in a resolve to give each a single introductory lecture to their courses.

We will have, therefore, no "introductory week" to precede the winter term. Something will be gained by this action, and there may be some sacrifice. The balance will, we think, prevail in favor of the former.

Introductory lecturing has become but a conventionalism. Its subjects pertain not generally to the courses which they profess to introduce. A week of the valuable time of the student is consumed with the formality, or many, after attending one course, and seeing the little practical good to be acquired in the first week of the course, avoid arriving at the colleges until the real didactic course commences. Those who arrive early, frequently spend the week in running from one institution to another, and perhaps, if they have not come ready consigned to a particular school, will be determined in their destiny by the attractiveness of some of these numerous introductory harangues.

A movement in favor of the above resolve was made a few years ago, and obtained the agreement of two of the colleges. The present united action indicates the harmonious relations of the schools.

Perhaps, as we have said, something may be lost by reduction of the introductories. There will be but one-seventh of the usual autumnal display of medical eloquence, and some well directed inculcation of professional ethics will be missed. On the whole, it is a reform from which true medical teaching will be the gainer. If those to whom the introductory lectures are annually addressed, whose valuable time is taken up, and whose money pays dearly for the pleasure of listening to them, had ever been consulted, the infliction of yearly writing twenty-one introductory lectures could have been long ago avoided by the faculties.

—o—

M. Bertholet, has laid before the Academy of Sciences, a memoir "On the Glucosic Fermentation of Cane-Sugar" with relation to the action of yeast in brewing.

POST-PRANDIAL COMPLAINTS.

Our most estimable cotemporary of the Ohio Medical and Surgical Journal appears to be somewhat behind the times in his views on medical journalism and its tendencies. It affords us much pleasure to enlighten him on the subject. Referring to the recent change of the New York Journal of Medicine, from a bi-monthly to a weekly, the Ohio Journal "looks upon it as essentially a descent from the sublime to the ridiculous, for that journal to come down from the elevated and dignified position it has occupied, to deal in *the little matters that almost necessarily constitute the pabulum on which weekly journals subsists.*"

That part of the remarks which we have italicized, contains a somewhat broad charge against weekly medical journals generally, and we can well afford to attend to this "little matter" with the material that the same number of the "dignified and elevated" Ohio Medical and Surgical Journal places at our disposal.

The July number of the Ohio Medical and Surgical Journal, from which we have quoted, contains ninety-one pages of reading matter. Of these, *forty-five, or one-half* are copied, *horribile dictu*, from *weekly* journals; namely, from the *Medical and Surgical* REPORTER thirty-four pages, *Medical Times and Gazette* seven pages, the *Boston Medical and Surgical Journal* two pages, etc., showing *statistically*, that in fact the weekly medical journals have furnished to the Ohio Journal at least one of the two legs upon which the July number of that journal makes its appearance.

As long as the pabulum which we furnish (speaking of the weekly Press generally,) is so eagerly devoured by our monthly and bi-monthly cotemporaries, they should at least have the common courtesy of life, and not "talk down" their host's dinner, while setting at his table as welcome guests. We do not envy—on the contrary it affords us pleasure, to see them "grow fat" on the pabulum prepared by us; but it is a disgusting sight after your guest has helped himself to all the choice things on your table, to see him deliberately take an emetic and vomit up the whole in your front parlor.

We hope the Ohio Journal will pay a little more attention to the *tendencies* of medical journalism, when, we have no doubt, it will find, not only that the New York Journal of Medicine has done well in changing to a weekly, but that its post-prandial talk about "the pabulum of weeklies" has been most sublimely ridiculous.

THE METEOR OF JULY 20, 1860.

Meteors, though not altogether rare, are always interesting visitors. The obscurity of their origin, while the frequent fall of meteorolites are evidence that they are composed of a tangible material of pretty uniform chemical composition, give these phenomena, be they of celestial, aerial, or terrestrial origin, a degree of interest to men of science (and medical men are always "men of science") which will warrant a description of one which was visible on the night of the 20th inst. over a very wide extent of country.

In November, 1833, we saw the "shower of falling stars," which left such a vivid impression on the minds of all who had the good fortune to witness it. Since that time we have seen and read descriptions of many other meteors, but the recent one, to our minds, ranks second in interest to that unparalleled exhibition. The next day we published in a daily paper of this city, the following description of the meteor of July 20th, 1860, as it appeared to us. The time was twenty minutes to ten o'clock. To those of our family who first saw it, it appeared as a brilliant object slowly approaching from the West, apparently as large as a full moon, and of a bluish tint. When we first saw it, "it was moving across the heavens in an easterly direction. Its progress was slow, and its motion somewhat resembled that of the 'chasers' which proceed from a rocket after its explosion in the air. The ball, which gradually assumed all the colors of the rainbow, without exploding, seemed to leave fragments, which, though entirely disconnected with it, followed it until they gradually dis-

appeared, by consumption apparently, as did also the main body of the ball. We had an almost unobstructed view of the phenomenon for two or three minutes, and it seemed to pass full half way around the horizon, or from the point of sunsetting to that of sunrising." Its altitude was about thirty degrees above the horizon.

The following circumstantial and intelligent account of the meteor, with remarks, we cut from the *Newark* (N. J.) *Mercury*. It is from the pen of Dr. Trimble, of that city :

"I have examined the leading journals within a considerable range, and I find accounts of its having been seen by great numbers in New York, Brooklyn and vicinity, Albany, Oak Hill near Catskill, Poughkeepsie, and all places on the North River, at Philadelphia, Danville, Bucks county, Pa., and at sea, near Egg Harbor.

The writer of this witnessed it from the Market street depot, (Newark,) immediately after the arrival of the Philadelphia train due here twenty minutes before 10 o'clock, and there it did not seem to be more than one hundred yards high, and apparently directly above the city.

An observer at New Haven says he had never seen a meteor pass so near the surface of the earth, and to him also it seemed to pass directly over head. Very similar observations are made by an observer at Danville, Pa. A conductor on the Hudson river road, near Oak Hill, says it passed nearly over his head. Another person in Duchess county makes the same remark. The time observed in all the accounts so nearly concurs, that no one supposes there was more than one of these phenomena; but why *all* should concur in believing it to pass so near the earth when persons so distant from each other should all say it passed almost directly over them, is the most marvelous part of this wonderful phenomenon. Oak Hill, New Haven, and Danville, Pa., would form a triangle on the map, and all distant from each other from 120 to 150 miles. An object only one hundred yards high could only be seen in the immediate neighborhood; at several miles high in the centre of this triangle, the people at these three positions could only see it just above the horizon at a very few degrees of elevation, and all would have to look in opposite directions, but they all saw it directly in the zenith. Now, if it was 800 miles high, where astronomers generally concur in fixing the position of the aurora borealis, there would still be a most perceptible difference, as you may see by drawing a triangle in the proportion of 150 miles base and an elevation of 800 miles.* If it really did pass directly over the heads of the observers at these distant places, it indicates an elevation like that of the heavenly bodies themselves, and not to be estimated by yards or even hundreds of yards. Some speak of explosions and hearing reports. Now, at an elevation of 800 miles, and according to this computation it could not be less, any sound from such an explosion, even if there was an atmosphere to conduct it, could not be heard in less than an hour and a quarter.

To me it seemed to move at about the speed of a flock of wild geese, and at the same elevation they usually fly; and most accounts concur in fixing the time it was visible to any one person at less than half a minute, (though some say they saw it several minutes,) all agree in the remark that it travelled slow, as compared with the velocity of ordinary meteors or shooting stars, but when we consider its immense elevation, and that the whole arc of the heavens was traversed in less than thirty seconds, we cannot comprehend its amazing speed as contrasted with the velocity of sublunary things.

Some accounts say it first appeared as coming out of a small cloud in the west, but others saw no cloud, and the observer at Danville says distinctly there were no clouds visible at the time.

When the meteor was passing directly over the writer of this, it consisted of two parts, as nearly alike in size and appearance as two distinct objects could be, and resembled, more than anything else I have been able to think of yet, the large *humming* tops that boys sometimes play with, the point of the foremost shooting directly forwards, while the handle part (that the boy winds his string round) reached towards the point of the second one, and the handle of the second forming part of the brilliant tail, but as it passed onwards this double appearance was soon lost in the distance, one hiding the other, and appearing then as a mere ball, and growing less and less as it receded. Some accounts speak of it as exploding, others as falling to the earth, others again say they saw three distinct balls. These conflicting accounts are probably owing to the circumstances of the different persons; probably all who saw it as it passed directly in the zenith, must have seen it alike; either before or after its passage it must have appeared differently. You can see two cars distinctly as they pass you, but in a moment after they appear but one.

I was first attracted to this meteor by the brilliant light upon the ground, appearing like moonlight, and in looking up to see the cause, thought at first, like most others, that it was fire-works. The sparks flying off from it added to that impression, but the illusion was soon removed by observing its onward course, parallel with the surface of the earth, and the sparks, after being thrown from the main bodies a short distance, following on in their train.

* According to observations published since this report, the meteor has been seen at distances forming a triangle of at least double these proportions.—Ed.

The colors, pale yellow, blue, and some tinge of red, were strikingly beautiful as the meteor passed directly over us, but immediately after, all this variety was lost, and it appeared, as it receded from us, more like the dull red of the planet Mars.

The size is spoken of as very various—some say it was a mere speck, others as two balls, pear shaped, and others speak of them as each a foot in diameter. This discrepancy can be accounted for by the circumstance that different persons see the sun, moon, and other distant objects, as very different in size. Some will tell you that the moon appears a foot in diameter, others that it is as large as a wagon wheel. I have often, in small companies, tested this experiment."

Correspondence.

Hospitals of London—Visit to Guy's—Death of Mr. Addison—Museum—Bronzed Skin and Disease of Supra-renal Capsules—Pathological Preparations—Wax Models.

London, July 7th, 1860.

Editors of Medical and Surgical Reporter:

GENTLEMEN:—As I am now in London I shall be enabled to send you a description of some of the hospitals. Of these there are two different classes, one of which were in old times monasteries, the lands of which have become, in the progress of time, of immense value; even so much so as to produce to some of them £40 or £50,000 a year. Such are St. Bartholomew's and some others. The other class consists of those which have been formed in more recent times, and which are in most respects similar to those of our own country.

On last Wednesday I visited Guy's Hospital, which is the one of which I had heard most, and which, I think, is most familiar to Americans. The oldest part of the present building is 150 years old. Other portions have been added from time to time, and at present 560 patients can be accommodated at once. They do not, however, keep all the beds full; for, as a general rule, not more than 500 patients are in the hospital. The remaining beds are purposely kept vacant, so as to be ready in case of any sudden calamity, such as a railroad accident, causing a great influx at once.

At the time of my visit a chill had just been thrown over those connected with Guy's by the sudden death of Mr. Addison, the celebrated discoverer of the connection between disease of the supra-renal capsules and a peculiar bronzing of the skin; and who has likewise distinguished himself by his investigation in diseases of the skin; one disease of which (Addison's keloid) has received its name from him, he having first called attention to it. Mr. Addison had passed his 70th year. The circumstances of his death were peculiarly distressing. For some time past he had been observed to have something peculiar in his manner, but no fear had been entertained in consequence of that, of any danger to himself or others. A short time before my visit he threw himself from a height, and was instantly killed, and when I was at the hospital he had not yet been buried. A terrible end indeed, and most unexpected.

The wards of Guy's it is hardly necessary for me to describe, as they are very similar to those which I saw in the Royal Infirmary at Liverpool, with the single exception of being considerably longer. They are much narrower than our wards at home, and the ceilings are much lower.

An object of great interest connected with Guy's Hospital is the museum, which is highly interesting and well worth inspection. It is contained in three large rooms, each with a double gallery running around the walls. One of these rooms contains the Museum of Comparative Anatomy, in which are to be found preparations representing the progress of formation of the chick in the egg; also a large number of skeletons of various animals. I was more interested, however, in the Anatomical and Pathological rooms—and especially in the models by Mr. Towne, the celebrated modeller in wax. The sight of them produced on my mind quite a home feeling, as a very large proportion of them were exact copies of those representing skin diseases in the museum of Dr. Wood in the University of Pennsylvania. Perhaps I ought rather to call those at Guy's the originals, and those at home the copies. The similiarity however is complete. I do not believe that any difference could be discovered by the maker himself. In this department of the museum there is a marble bust of Mr. Addison, made by Mr. Towne, which was admirably done. On the slightest inspection it could be seen that the likeness must be a good one. I have no doubt that if Mr. Towne had turned his talents to work as a sculptor, he would have become distinguished in that line. He had just completed a wax model of a boy afflicted with disease of the supra-renal capsules, and who had died of that disease. He had been brought to the hospital with his skin bronzed, and Dr. Addison had prophecied his death, and that the supra-renal capsules would be found diseased. He did this before many doubting physicians in London, and the conclusion justified his prediction.

I was very much pleased with the arrangement of the museum, and also with the catalogue, which related very particularly all which was interesting concerning the case treated of. If I were to describe the preparations it would be difficult to know where to begin. I noticed one preparation, of an enormous size, representing the osseous base of a fungoid disease of the femur.

Another, in a conspicuous position, was the scalp

of a negro with all the wool, a thing which would hardly be considered necessary to preserve with such care in the United States. On one side of it was the scalp of a native of the Ladrone Island, and on the other that of an Omyhee.

There were several students in the museum at the time I was there, engaged in studying the preparations; many of which they were allowed to take down for the purposes of study. Posted up in every room I saw printed in large capitals, "Silence is indispensable in a place devoted to study."

Guy's Hospital is situated on the south side of the Thames, and near London Bridge. St. Thomas' Hospital is close by. In entering you walk at once without being obliged to knock or ring, into the court yard, in which is a statue, I believe of the founder of the hospital, and then up some steps into a covered walk or arcade, with the rooms of the porter, steward, &c., on each side; and also staircases leading to the upper wards. Having passed through the whole length of this arcade you come again into the open air, and find yourself with the museum on the right, and some buildings on your left, one of which is the office of Mr. Towne. I was very much pleased at seeing grass for the patients to walk about on, although not in anything like the same abundance as at the Pennsylvania Hospital.

I must not conclude without mentioning the anatomical models by Mr. Towne. There were models of different parts of the human frame done in wax. Those representing the nerves especially were admirably done. They were of the size of life, and it was really hard to persuade yourself that it was not a recent dissection at which you were looking.

I shall take up the subject of Guy's Hospital again at a future period.

In the mean time, I remain yours truly,

"M. D. ABROAD."

Vaccine Physicians—Their Compensation.

To the Editors of the Medical and Surgical Reporter.

July 23, 1860.

GENTLEMEN:—In the Reporter of July 7th, you notice the new ordinance in relation to Vaccine Physicians. Permit me to add a few lines, to show the comparative liberality of the new ordinance over the old one that used to obtain a long time ago, when this great city was made up of "the city, districts, and county." In those days each district was governed by a distinct Board of Commissioners, and at the annual meeting in December each Board would elect a Vaccine Physician and a Collector of Vaccine Cases. The collector was to call at every house in the district, and inquire whether there were any children about the house who had not been vaccinated? And whether they would allow it to be done gratuitously by the physician appointed for that purpose? When the answer would be in the affirmative, the collector would enter the name and residence on his list, and hand the list over to the Doctor, whose duty it was immediately to call at each of the houses designated, and vaccinate all who were willing to have him do it, and report to the Board. The Board of the district of the "old Northern Liberties," elected me the Vaccine Physician for that district for several years at a salary of one hundred dollars a year.

My ambition and love of approbation at that time urged me to try to swell the reports as largely as I could. I believe I vaccinated more cases than any other Vaccine Physician in Philadelphia; and one year, I think it was in 1832, I reported successfully vaccinated 1,030 cases. And on an average I paid each of these cases 4 visits, a fraction over 2 cents a visit. The old ordinance paid me for these cases about nine cents a piece for vaccinating. The new ordinance pays fifty cents—a considerable improvement.

J. Z.

Items and Miscellany.

Mortality at the Philadelphia Almshouse.—On the 25th of June last, a committee was appointed by the Common Council of this city "to inquire into the increased mortality among the inmates of the almshouse, and especially the reason for the increase in the number of deaths among the insane." The inquiry was ostensibly based upon the mortality reports of the Board of Health; but, as these do not designate the department of the institution in which the deaths occur, it seems evident to us that some one was the prime mover in this inquiry—we are fain to believe some medical man—who had a sinister motive in exhibiting the management of the present very efficient Board of Guardians of the Institutions to disadvantage. As their policy toward the Insane Department is a marked feature of their management, it was specially singled out in the charges implied in the resolution of inquiry. The result of the inquiry, however, was both a triumphant vindication of the Board, in so far as mortality tables could vindicate that policy, and a stern rebuke to the originator of the calumny, who, in his eagerness to condemn, had hastily based serious charges on premises that were entirely false. In justice to the gentleman who presented the resolution of inquiry in Council, we must say that we believe he was misled by the designing person whoever he was, and that his

own intentions were good. The unreserved manner in which he receded from the charges implied in the resolution of inquiry, and his evident disposition to make amends for it in his report, after a careful investigation into the facts, are evidence of this. The committee report:

"That upon examination of the books of the Almshouse, it appeared that the mortality, both in the Hospital and Insane Departments of that Institution, are not only not increased, but are greatly decreased, under the system adopted by the present Board of Guardians.

For the comparison necessary, your committee took the last year of the former Board of Guardians, which expired July 1st, 1859, and contrasted it with the first and only year of the present Board, which expired July 1st, 1860. By an examination, it appears that for the year ending July 1st, 1859, the average population of the house was 2,513, and for the same period the deaths were 657, or 26·15 per cent. of the average population. For the year ending July 1st, 1860, the average population was 2,520, and the deaths for the same period were 589, or 23·80 per cent. of the average population. This shows a decrease of 68 deaths out of about the same average population, or, in other words, a decrease of 11 per cent. on the mortality of the former year.

In the Insane Department, the decrease of mortality is still greater. For the year ending July 1st, 1859, first above alluded to, and under the former Board, out of an average population of 400, the deaths were 96, or 24 per cent. of the average population; while for the year ending July 1st, 1860, under the present administration, out of an average population of 425, the deaths were 72, or not quite 17 per cent. of the average population, or, in other words, a decrease of 33 per cent. upon the mortality of the former year.

It should be remembered that most of the population of the Almshouse are not under medical treatment at all, and the proper basis of the per centage of mortality among inmates of the Hospital and Lunatic wards should be upon cases treated, and not upon average population. For the purpose of making this comparison, your committee took the last published report made by the then Chief Resident Physician to the former Board of Guardians. This was for the entire year of 1858, and its author therein declares, that during that period "the Institution exhibits a smaller per centage of deaths than has been known for many years."

By this report, it appears that in the various wards of the Hospital, Children's Asylum and Nursery, there were dated during the year 1858, 5,335 cases, of which number 549 died, being a per centage of 10 29-100. Now, by the books of the present Board, there have treated in the same wards, during the year just closed, 6,176 cases, out of which number 478 died, or 7·74-100 per cent., showing a decrease of 25 per cent. on the mortality of the former year.

Your committee would state that no just and reliable calculation, based upon the mortality of the peculiar class of persons which form the population of the Almshouse, can be made with the experience of a single year, and they deem it merely fortunate that the results of this last year has been so favorable. These results, however, must be considered ample, to forbid the presumption (if, indeed, any such arose) that the inmates of the house lack for any thing that could prolong their lives or heal their diseases. The Board of Guardians invited your committee to the closest scrutiny and the most rigid investigation; but your committee paused upon finding that, instead of an increase, there had been a decrease in the mortality.

Your committee then proceeded to examine the "Return of Deaths for the year 1859," published by the Board of Health. By this return, the mortality at the Almshouse for the first six months of 1859 were but 242, greatly less than the number of deaths published as having occurred during the first six months of 1860, and it was upon this published statement the resolution of inquiry was submitted. The explanation is as follows, viz.:

It was the custom of the former Board of Health to publish as deaths, at the Almshouse, only those who were interred there, and not those whose bodies were removed by their friends, which last were returned in another manner. This custom the present Board of Health changed about September last, and, instead thereof, reported all who died at the Almshouse. Of course, as between the two periods there will appear an increase since the adoption of the new rule over the time when but part of the deaths were reported; but, upon examination of the weekly returns made by the Almshouse to the Board of Health for the entire year of 1859, the correctness of the statements above was fully verified."

At the meeting of the Board of Guardians of the poor of the City of Philadelphia, held on the 16th inst., Dr. S. W. Butler was re-elected Physician and Superintendent of the Insane Department of the Philadelphia Hospital.

Vive la Humbug! One of the most ridiculous circulars of the fraternity of quacks, which it has ever been our fortune to behold, is that by one "Dr. Johannes A. Jones, A. M.," of New York city. This individual is the chief of Dr. Jones' Ophthalmic and Aural Institution. He has, according to his announcement, associated with him, Dr. Wharton S. Jones, LL. D., of London, as Corresponding Consulting Surgeon; Prof. De Pfaff, Jr., M. D., of Paris, Corresponding Consulting Surgeon, and Prof. Pulaski Kadiski, M. D., of Vienna, as Corresponding Consulting Physician. With this splendid corps of assistants our man "Johannes" is prepared to attend to "ladies and gentlemen who are afflicted with diseases of the organs of *sense*, and who do not wish to undergo the severe, unskilful and barbarous treatment practiced by physicians and empirics generally."

These benevolent intentions of "Johannes," of course, are to be paid for: "medical and surgical treatment, or either, from $10 to $500, according to the nature of the case." Very modest! As to his personality we are informed that "Dr. Jones, the Physician and Surgeon-in-Chief, is a gentleman of thirty-five, with a natural genius for Ophthalmic and Aural Surgery, and has had the benefit of a thorough education in both the Old and New School Medical Colleges—has had charge of one of the Eastern Eye and Ear Institutes two years, and has had every medical advantage that both this country and Europe can afford, and with a love for the treatment of these organs, has pursued his studies from his earliest boyhood with the intention of making an Aurist and Oculist, and arresting the treatment of these delicate organs from the hands of quacks and unqualified physicians. He is possessed of every therapeutical and surgical improvement known to civilization, with many of his own inventions which are of more value than all others, and which enable him to perform operations with skill and ease that to others is impossible, and to cure those diseases most successfully which are generally pronounced incurable."

"Ophthalmia and sore eyes, running of the ear and deafness, and diseases of the eye and ear of every kind, character and description, operated upon and cured with a skill and success not known or practised anywhere else in the world. In fine, as a graduate of both prevailing Medical Colleges, *i. e.* Alopathic and Homœopathic, and of an Eye and Ear Institute—with our diplomas and documents sus pended in our office, so that none can dispute our veracity or doubt our ability—with the advantage of the principal Infirmaries and Hospitals of America and Europe—unprejudiced in our acquisitions and practice, with the benefit of having treated and seeing treated as many as a hundred thousand different patients afflicted with diseases of the eye and ear, and a thorough knowledge of all the pathies of the day, we are enabled to practice Curapathy, simple and unfailing, and no man without these advantages is capable of being an Eye and Ear Doctor."

"Johannes," practising thus "Curapathy," of course "you will here stand a better chance with *us* than you will at any other institution of the Globe. None can deny our authority and ability, for we stand a little higher than the best. Some professional fogies may call us hard names, and say we are not orthodox, but we are prepared to prove our orthodoxy with the surgeon's case, with the physician's anchor, in practice and in theory, or with the pen and through the press, and we challenge any one or any number that dare assert it. And we will prove conclusively that our doxy is orthodox, and that any other man's doxy is heterdoxy."

"And since you can boast, fellow citizens, of having one skilful Oculist and Aurist in the great Metropolis—one upon whom you can rely, and one who can cure you without torturing you, you will sustain him, for he has sacrificed everything in getting his profession; and if it were not for your ills, his profession would never have been needed."

Thus endeth the lesson of the illustrious and gifted "Dr. Johannes A. Jones, A. M."

Army and Navy.—Leave of absence for two months has been granted to Assistant Surgeon J. Campbell; at the expiration of which, he has been ordered to report for duty to the Commanding Officer of Plattsburg Barracks.

Leave of absence for two months from 1st of September next, has been granted to Assistant Surgeon W. A. Hammond. The resignation of Assistant Surgeon W. A. Hammond, has been accepted by the President of the United States, to take effect October 31, 1860.

The leave of absence heretofore granted to Assistant Surgeon C. G. Hollenbush has been extended two months for the benefit of his health.

Long Island College Hospital.—The first commencement of this Institution was held at Brooklyn, L. I., on Tuesday evening last. The degree of Doctor of Medicine was conferred upon twenty-one candidates, all of whom we suppose, had attended one or more courses of lectures at other institutions. The address of the evening, on the part of the faculty, was delivered by Dr. Austin Flint. Mr. or rather Dr. Morrison of the graduating class spoke the valedictory on the part of the students.

Harvard University.—At the commencement of Harvard University on July 20th, the degree of Doctor of Medicine was conferred upon 42 students.

Ozone.—M. Schrötter (Secretary of the Academy of Sciences at Vienna) has discovered ozone in the mineral kingdom. A violet-colored variety of fluorate of lime, from the stratified granite of Welsendorf, in the Upper Palatinate, on rubbing, gives out an odor resembling hydrochloric acid, and on examination by M. Schrötter has been found to manifest energetically all the reactions proper to ozone. Future researches will be laid before the Academy, in whose reports they will be published.—*Med. Times and Gaz.*

Statistics of Drunkenness.—In the year ending Michaelmas last 56,161 persons in England and Wales were punished by Magistrates for being drunk, or drunk and disorderly, 10,486 of them were women; the number charged was 89,903, 24,395 of them women. In 306 cases in the year 1859, on coroner's inquests, a verdict was found of "Died from excessive drinking. We took toll upon the 6,775,911 gallons of foreign wine and the 4,909,847 gallons of foreign spirits that were imported and retained for home consumption in 1859; and, as for home-made beverages, the Inland Revenue Office has just informed us that in the year ending March 31, 1860, the excise duty collected on spirits amounted to £10,000,191, on malt to £9,852,458, on hops to £462,881.—*Med. Times and Gaz.*

"*Quinta essentia hirundinum fabri.*—To make quintessence of swallows—take twenty or more swallows, choke them so that their blood may remain within them, cut them into small bits, feathers and all, then distil from a glass vessel and save the quintessence. This medicine powerfully cures the epilepsy, palsy trembling, gout, numbness, cramp, convulsions, and helps all chronic affections."

The above is from *Salmon's London Dispensatory*, an eminent authority about one hundred years ago.

Criminal Lunatics.—The British Parliament is considering a bill for "the custody and cure of criminal lunatics" in an asylum appropriated for that purpose.

The post mortem examination of the body of Prince Jerome led to the discovery of a ball which had remained in his chest after a duel which he fought in his youth with a brother of Marshall Davoust.

Insanity etc. in Ohio.—From a recent report of the Secretary of the State of Ohio it appears that there were 12,829 afflicted persons in the public institutions of that State, of whom 807 were idiotic, 814 insane, 693 deaf and dumb, 415 blind, 44 deaf, dumb and blind; 3 blind and idiotic; 1 blind and insane, and 45 afflicted with epilepsy.

Influence of Sex on the Diseases of Children.—The following are the conclusions derived from a consideration of 10,000 cases of disease, observed by Dr. Kuttner at the Children's Hospital, at Dresden:

1. Male infants are far more frequently, and especially during the first year, the subjects of disease of the digestive organs than female infants. It is a well-known fact that they are more difficult to bring up by hand, being much more liable to have the digestive apparatus disordered by defective or erroneous diet. In a relatively equal mortality of the two sexes, a much absolutely greater number of males die of this class of diseases. 2. So also, diseases of the nervous system, particularly brain affections, and especially within the first five years of life, are almost twice as frequent in boys as in girls. 3. Finally, boys are far more disposed to hernia (of 116 cases, 75 occurred in them) than girls, and that with regard to both umbilical and inguinal hernia. 4. On the other hand, girls suffer more than boys from affections of the respiratory organs, especially catarrhal affections; for while the former presented 1128 cases, the latter presented but 988. But the difference becomes especially obvious during the fifth year; as the difference, insignificant (873 girls to 843 boys) prior to that age, then mounted up to 255 as compared to 145. Of 498 cases of pertussis, 281 occurred in girls and 217 in boys. Of 17 cases of croup, 9 occurred in boys, and 8 in girls. 5. In organic disease of the heart, a preponderance of females existed, viz., 13 out of 19 cases. 6. In acute blood-diseases, as exanthematous and typhus fevers, sex seems to exert no influence; but such influence is remarkable in the chronic blood-diseases and dyscrases, especially in anæmia, and scorbutus-like depravation of the blood. Of 144 cases of this class of disease, only 26 occurred in males, and 118 in females. The difference becomes more marked with the advance of life; for while under 7 years of age, 17 boys and 30 girls belonged to this group, between the years of 8 and 13, there were but 8 boys to 88 girls. Scrofula and tubercle ex-

hibited themselves in the proportion of 305 in girls to 269 in boys. Until the course of the second year, there was a preponderance in the males (86 boys to 69 girls;) but after the fifth year there were, owing to the greater frequency of pulmonary phthisis among them, 121 girls to 72 boys. Rickets were observed in 577 boys and 610 girls, the disease being later developed and more enduring in girls than in boys. Congenital syphilis was observed in 36 boys and 49 girls. 7. Chronic diseases of the skin occurred in 903 of the 10,000 cases of disease; but no marked difference from sex was observed prior to the ninth year, after which period girls were found much oftener subject (88 to 31,) and especially to diseases of the scalp, than boys. 8. Enlarged thyroid gland was met with in 15 male and 35 female children—25 of the latter having passed the ninth year.—*Med. Times and Gaz.* Dec. 24, from *Journal fur Kinderk.*, Bd. xxxii.

Turning by External Manipulations.—Professor Esterle, of Trent, contributes an interesting paper, founded upon ten cases of external turning successfully performed in his own practice. The following are his general conclusions:—1. Spontaneous correction of transverse presentations is of frequent occurrence during the last months of pregnancy, and takes place sometimes even during parturition. 2. It is due to various causes, but especially to uterine contraction and to the combined action of the spontaneous movements of the fœtus and of its centre of gravity. 3. It is possible to effect turning in transverse presentations by means of external manipulations. 4. This is better effected during pregnancy than during parturition. 5. The best manœuvres consist in gliding pressure and methodical concussions, which should be modified according to the position of the child, and to whether the head or breech be sought to be brought down—turning by the head being that which should in general be preferred. 6. External turning is a harmless operation, and usually by no means a difficult one; and it should be carefully tried in all transverse presentations. 7. It obviates the danger arising from more serious operations, and diminishes the probability of the occurrence of premature labor, which so frequently takes place in presentations of the trunk.—*Med. Times and Gaz., from Omodei Annali*, vol. clxviii. p. 194.

Humboldt's Library, which was sold to Messrs. Asher & Co., booksellers of Berlin, will be re-sold by catalogue towards the close of the present year.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Florida*, Dr. J. J. Hulse, [with encl.]—*Illinois*, Dr. B Woodward—*New Jersey*, Dr. G. Grant, (2,) Dr. Ch. W. Stickney, [with encl.,] Dr. J. G. Calhoun, Dr. Max Kuechler, (2,) Dr. Theo. T. Price—*Ohio*, Dr. A. J. Hyatt—*Pennsylvania*, Dr. B. D. F. Baird, Dr. A. C. Campbell, [with encl.,] Dr. James P. Scott, Dr. A. M. Miller, Dr. J. Swartz.

Office Payments.—Dr. J. K. Shibels, (Del.,) Dr. Wm. L. Martin, (N. J.,) Dr. Ira Day, Dr. A. S. McMurray. By Mr. Hulme: Dr. Henry D. Lachemeier, A. D. Becker, John Romig, C. L. Martin, F. W. Quig, W. G. Detweiler, A. B. Breinig.

DEATHS.

BIBIGHAUS—At his residence in Middleburg, Snyder county, Pa., July 3d, 1860, of consumption, John Bibighaus, M. D., in the 53d year of his age.

Dr. B. was a son of the late Rev. Henry Bibighaus, of Philadelphia, where he studied medicine and was among the first graduates of the Jefferson Medical College. In the spring of 1829, he removed to Middleburg, where he at once succeeded to a large and lucrative practice which he retained until his failing health incapacitated him from attending to its arduous duties. His many social qualities, combined with a generous disposition, made him a prominent member of the community, and endeared him to a large circle of friends. A town and neighborhood have been called upon to submit to a loss which cannot easily be replaced, a family, consisting of a wife and four children, to mourn the loss of a kind and indulgent husband. He died as he lived, a christian. J.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1860–61.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUSSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
Philadelphia.

197—ow13t